

Date of Application: \_\_\_\_\_

**Norwalk Easter Public Library**

1051 North Avenue  
Norwalk, Iowa 50211  
(515) 981-0217  
(515) 981-4346 (Fax)

**MEETING ROOM APPLICATION**

Name of applicant: \_\_\_\_\_

If a group, contact person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Purpose of Meeting: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

Recurring: Yes      No      Other Dates: \_\_\_\_\_

Time of meeting: \_\_\_\_\_ to \_\_\_\_\_

Expected Number in Attendance: \_\_\_\_\_

I, the undersigned, read the Norwalk Easter Public Library's policy regarding use of its public meeting room and will comply with all rules and regulations set forth in the policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Library Use Only**

Policy Given to Patron:    Yes      No

Key Card number assigned: \_\_\_\_\_

Any damages or extra cleaning needed:    Yes      No

Comments: \_\_\_\_\_

**Reserved on  
Calendar**

Yes: \_\_\_\_\_

Date: \_\_\_\_\_

**Room Rental Fee**

Waived: \_\_\_\_\_

Paid: \_\_\_\_\_

Non-Profit: Yes    No

**Key Required**

Yes: \_\_\_\_\_

No: \_\_\_\_\_

Picked Up: Yes    No

**Key Deposit**

Paid: \_\_\_\_\_

Refunded: \_\_\_\_\_